

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/26/2013
NAME OF PROVIDER OR SUPPLIER HEARTH AT TUDOR GARDENS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11755 N MICHIGAN RD ZIONSVILLE, IN 46077		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates: June 25 and 26, 2013</p> <p>Facility number: 012263 Provider number: 012263 AIM number: N/A</p> <p>Survey team: Lora Brettnacher, RN-TC Heather Lay, RN Jeanna King, RN</p> <p>Census bed type: Residential: 111 Total: 111</p> <p>Census payor type: Other: 111 Total: 111</p> <p>Sample: 8</p> <p>Hearth At Tudor Gardens was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey.</p> <p>Quality Review 06/26/13 by Lisa McColly</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

GCYB11

If continuation sheet 1 of 1